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AUG 0 9 2006 PTO/8B/21 (09-04) Approved for use through 07/31/2008, OMB 0651-031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/616.718 Filing Date July 10, 2003 **TRANSMITTAL** First Named Inventor Jerzy BALA FORM Art Unit 2161 Exeminer Name (to be used for all correspondence after initial filing) Chelcle L. Daye Attorney Docket Number 400100 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board of Appeals and Interferences Fee Attached Licensing-related Papers Appeal Communication to TC (Appeal Notice, Brief) Reply Brief) Petition Amendment/Reply Petition to Convert to a Provisional Application After Final Proprietary Information Affidavits/declaration(s) Status Letter Power of Attorney, Revocation X Change of Correspondence Address Other Enclosure(s) (please identify Extension of Time Request below): Terminal Disclaimer Statement under 37 CFR Express Abandonment Request Request for Refund 3.73(b)Information Disclosure Statement CD, Number of CD(s) Landscape Table on CD Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Seyfayth Shaw LLP Signature Printed name Rerold V. Stotland Date Aug. 9, 2008 Reg. No. 24,492 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facelmile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. whan Signature Typed or printed name Carolyn Wilson Date Aug. 9, 2006

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| Application Number | 10/616,718 | | | |
| Filing Date | July 10, 2003 | | | |
| First Named Inventor | Jerzy BALA | | | |
| Art Unit | 2161 | | | |
| Examiner Name | Chelcie L. Daye | | | |
| Attorney Docket Number | 400100 | | | |

| A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: 27717 Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27717 OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name B L G G I CFT Note: Signature of all the inventoritor assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one specture is required, see below: Telephone | I hereby re | I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | |
|---|--|--|---|---------------------------------------|-------------------|-------------|----------|--|--|
| I hereby appoint the practitioners associated with the Customer Number: 27717 | ☐ A Po | wer of Attorney | is submitted her | ewith. | | | | | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 27717 CR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name PARSOCIA (SED) Date Aug 2.2075 Telephone 103-917-0850 NOTE: Signature of all the inventorior assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below. | OR | | | | | | | | |
| The address associated with Customer Number: 27717 CR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignée of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Applicant or Assignée of Record Signature B A D C A UST Date Au 2 2015 Telephone 103~917-0850 NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | I hereby appoint the practitioners associated with the Customer Number: 27717 | | | | | | 27717 | | |
| Customer Number: 27717 OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name B A BOG A CED Date Au 2 2 2006 NOTE: Signatures of all the inventor or assignees of record of the entire interest or their representative(a) are required. Submit multiple forms if more than one signature is required, see below. | _ | | | ress for the above | e-identified appl | lcation to: | | | |
| Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name B & BOBIA USD Date Aug 2. 2.006 NOTE: Signatures of all the inventoril or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one stagrature is required, see below. | | | | | | | | | |
| Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name BLAGGA. (LED) Date Aug 2. 2006 Telephone Telephone 703-917-0860 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signature is required, see below. | OR | | | | | | | | |
| City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name BABBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB | | al Name | | | | | | | |
| Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name BL. GUGIA (ET) Date NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Address | | • , | | | | | | |
| Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Signature Assignee of Record Signature Date Aug 2.2006 Telephone 703~917_0060 NOTE: Signatures of all the inventoril or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | City | | | | State | Zio | | | |
| Applicant/Inventor. Assignee of record of the entire Interest. See 37 CFR 3.71, Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Signature | Country | | | | | 1 /- | <u> </u> | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Signature Name P. L. GOGIA. USTO Date Aug. 2. 2016 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(e) are required. Submit multiple forms if more than one signatured, see below. | Telephone | • | | | Email | | | | |
| Signature Signature Name PL. GUGIA (USD) Date NOTE: Signature of all the inventoril or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below. | | ant/Inventor. | | • | | | | | |
| Name Name P. G. G. G. A. C.E.D Date Aug. 2. 2.076 NOTE: Signatures of all the inventorillor assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithms is required, see below. | | nee of record o | : f the entire intere CFR 3.73(b) is er | est. See 37 CFR 3 nclosed. (Form P | .71, TO/SB/96) | | | | |
| Name P. L. GOGIA UST Date Aug 2. 2006 NOTE: Signatures of all the inventoril or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below. | | | SIGNATURE | of Applicant or | Assignee of Re | ecord | | | |
| Date Aug 2. 2.00% Telephone 703-917-0850 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | Signature | - a | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representativa(s) are required. Submit multiple forms if more than one algorithms are required, see below. | Name | BL | BUBIA. (| ション | | | | | |
| agreture is required, see below. | | | | | | 703-917- | 0880 | | |
| | NOTE: Signatures of all the inventor or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one algorithm is required, see below. | | | | | | | | |
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| STATEMENT UNDER 37 CFR 3.73(b) | | | | | |
|--|-----|--|--|--|--|
| Applicant/Patent Owner: InferX Corporation | | | | | |
| Application No./Patent No./Control No.: 10/616,718 Filed/Issue Date: July 10, 2003 | _ | | | | |
| Distributed Data Mining and Compression Method and System | Ē | | | | |
| Entitled: | | | | | |
| InferX Corporation , a Delaware corporation (Name of Assignee) (Type of Assignee, e.g., comparation naturation naturatio | _ | | | | |
| (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc. States that it is: | .) | | | | |
| 1. It the assignee of the entire right, title, and interest; or | | | | | |
| an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is% | | | | | |
| in the patent application/patent identified above by virtue of either: | | | | | |
| An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel <u>015490</u> , Frame <u>0465</u> , or a true copy of the original assignment is attached. | | | | | |
| OR B A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows: | /s: | | | | |
| 1. From: To: | | | | | |
| The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. | | | | | |
| 2. From: To: To: The document was recorded in the United States Patent and Trademark Office at | _ | | | | |
| Reel, Frame, or for which a copy thereof is attached. | | | | | |
| 3. From: To: | | | | | |
| The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. | | | | | |
| Additional documents in the chain of title are listed on a supplemental sheet. | | | | | |
| As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08] | | | | | |
| The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. | | | | | |
| B.K. Gog, A Yos-917-0880 | _ | | | | |
| Printed or Typed Name Telephone Number | | | | | |
| <u> </u> | | | | | |
| Title | | | | | |

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